

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10/611584**

FILING DATE **07/01/03**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5	<i>Skipped</i>						55								
6	1						56								
7	1						57								
8		1					58								
9		1					59								
10		1					60								
11							61								
12							62								
13							63								
14							64								
15							65								
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17							67								
18							68								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND	3						TOTAL IND								
TOTAL DEP.	6	←		←		←	TOTAL DEP.		←		←		←		←
TOTAL CLAIMS	9						TOTAL CLAIMS								